

FILED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33436

318 1003 Registrar's No. 8404

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8404	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) University City		74316	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 6239a Bartmer			
3. NAME OF DECEASED (Type or Print) JACK		a. (First)		b. (Middle) SMITH		c. (Last)	
4. DATE OF DEATH Sept. 5, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 15, 1900		9. AGE (in years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scrap Dealer		11. BIRTHPLACE (City and State or Foreign Country) England	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Simon Smith		13b. MOTHER'S MAIDEN NAME Rebecca (unk)		14. NAME OF HUSBAND OR WIFE Pearl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Smith 6239a Bartmer			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection of myocardium ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		4201			
22. I hereby certify that I attended the deceased from 9-2, 1952, to 9-5, 1952, that I last saw the deceased alive on 9-5, 1952, and that death occurred at 8:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Daniel D. Delmonico, M.D.		23b. ADDRESS 508 No. Grand		23c. DATE SIGNED 9-6-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/7/52		24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. SEP 8 1952		REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.